# FORM D

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## **FORM D**

₩ashington, DC

POPULATION OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| 14                    | 141    | 69       | 3   |  |  |  |
|-----------------------|--------|----------|-----|--|--|--|
| OMB APPROVAL          |        |          |     |  |  |  |
| OMB Number: 3235-007  |        |          |     |  |  |  |
| Expires:<br>Estimated | Sept   | . 30.20  | 008 |  |  |  |
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.16.00

| SEC USE ONLY  |        |  |  |  |  |  |
|---------------|--------|--|--|--|--|--|
| Prefix        | Serial |  |  |  |  |  |
| ĺ             |        |  |  |  |  |  |
| DATE RECEIVED |        |  |  |  |  |  |
| l             | 1      |  |  |  |  |  |

hours per response.

| Name of Offering ( Check if this is an amendment and name has changed, and indicate change.)  |  |
|---|--|
| Series B Preferred Stock Financing  |  |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment   | ULOE   |
| Type of times.  | 1 (100)(1) BECTO (30)(1) BECRU BYTAG (30)(1) (30)(1) 10(1) 17(5) 174(1 |
| A. BASIC IDENTIFICATION DATA  |  |
| 1. Enter the information requested about the issuer   | LINNI DUALIUM BALU DUALIUM HAND BALU DA                                |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  | 08058792   |
| Marrone Organics Innovations, Inc.  |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code)   | Telephone Number (Including Area Code)                                 |
| 2121 Second Street, Ste. B-107, Davis, CA 95618   | (530) 750-2800   |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)   | Telephone Number (Including Area Code)                                 |
| Brief Description of Business   |  |
| Natural product innovation for pest management.   | PROCESSED  Olease specify): OCT 012008                                 |
| Type of Business Organization   | AN OCT 01 2008   |
| corporation   limited partnership, already formed   other (p  | olease specify): 50 001 012000   |
|   | THOMSON REUTERS  |
| Actual or Estimated Date of Incorporation or Organization: 06 06 Actual Estin   | nated THOIVISOIA KESIZITE  |
| Actual or Estimated Date of Incorporation or Organization: 06 06 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State |  |
| CN for Canada; FN for other foreign jurisdiction)   | DE   |

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## - ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer ✓ Director Check Box(es) that Apply: Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Marrone, Pam Business or Residence Address (Number and Street, City, State, Zip Code) 2121 Second Street, Ste. B-107, Davis, CA 95618 Check Box(es) that Apply: Promoter Beneficial Owner 🖟 Executive Officer 🔲 Director General and/or Managing Partner Full Name (Last name first, if individual) . Morris, Julie Business or Residence Address (Number and Street, City, State, Zip Code) 2121 Second Street, Ste. B-107, Davis, CA 95618 Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Dorf, Richard Business or Residence Address (Number and Street, City, State, Zip Code) 2121 Second Street, Ste. B-107, Davis, CA 95618 Beneficial Owner Executive Officer 7 Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Rominger, Richard Business or Residence Address (Number and Street, City, State, Zip Code) 2121 Second Street, Ste. B-107, Davis, CA 95618 General and/or Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) One Earth Capital, LLC Business or Residence Address (Number and Street, City, State, Zip Code) Attn: David Jacobs, 201 Entrada Drive, Santa Monica, CA 90402 Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Clean Pacific Ventures Business or Residence Address (Number and Street, City, State, Zip Code) Attn: Sean Schickedanz, 425 California Street, Suite 2450, San Francisco, CA 94104 Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Saffron Hill Ventures L.P. Business or Residence Address (Number and Street, City, State, Zip Code) Attn: Ranjeet Bhatia, 52 Upper Brook Street, London W1K 2BU, United Kingdom

## A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ✓ Director Managing Partner Full Name (Last name first, if individual) Schickedanz, Sean Business or Residence Address (Number and Street, City, State, Zip Code) 425 California Street, Suite 2450, San Francisco, CA 94104 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director General and/or Managing Partner Full Name (Last name first, if individual) Hudson, Joe Business or Residence Address (Number and Street, City, State, Zip Code) 2121 Second Street, Ste. B-107, Davis, CA 95618 Check Box(es) that Apply: Promoter ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Stuart Mill Venture Partners, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) Attn: Lawrence Hough, 252 North Washington St., Falls Church, VA 22046 Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) CGI Opportunity Fund II, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) Attn: Tim Fogarty, 1071 Camelback St., Suite 111, Newport Beach, CA 92660-3228 Check Box(es) that Apply: Promoter ☑ Director General and/or Managing Partner Full Name (Last name first, if individual) Bhatia, Ranjeet Business or Residence Address (Number and Street, City, State, Zip Code) c/o Saffron Hill Ventures 52 Upper Brook Street, London W1K 2BU, United Kingdom Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Hough, Lawrence A. Business or Residence Address (Number and Street, City, State, Zip Code) Attn: Stuart Mill Venture Partners, 252 North Washington St., Falls Church, VA 22046 Check Box(es) that Apply: Beneficial Owner Executive Officer Director Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

|  |   |  |                      |                      | B. 11                | VFORMATI                                | ON ABOU              | T OFFERI             | NG                   |                      |                      |                      |                      |
|--|---|--|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1.   | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?   |  |                      |                      |                      |   | Yes                  | No<br><b>X</b>       |                      |                      |                      |                      |                      |
| 2.   | What is the minimum investment that will be accepted from any individual?   |  |                      |                      |                      |   | s_N/A                |                      |                      |                      |                      |                      |                      |
| _  |   |  |                      |                      |                      |   |                      | Yes                  | No                   |                      |                      |                      |                      |
| 3.<br>1  |   | Does the offering permit joint ownership of a single unit? |                      |                      |                      |   |                      |                      | R                    |                      |                      |                      |                      |
| <u> </u>   | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |  |                      |                      |                      |   |                      |                      |                      |                      |                      |                      |                      |
| Ful  | l Name (l   | Last name  | first, if indi       | ividual)             |                      |   |                      |                      |                      |                      |                      |                      |                      |
| Bus  | siness or   | Residence  | Address (N           | lumber and           | Street, Ci           | ty, State, Z                            | ip Code)             |                      |                      |                      |                      |                      |                      |
| Nar  | me of Ass   | ociated Br   | oker or De           | aler                 |                      |   |                      |                      | ., ,,,,,             |                      |                      | •                    |                      |
| Sta  | tes in Wh   | ich Person   | Listed Has           | s Solicited          | or Intends           | to Solicit I                            | urchasers            | ,                    |                      |                      |                      |                      |                      |
|  | (Check  | "All States  | s" or check          | individual           | States)              |   |                      |                      | ***************      | ************         | ************         |                      | States               |
|  | AL<br>IL<br>MT<br>RI  | AK<br>IN<br>NE<br>SC                                       | IA<br>NV<br>SD       | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT                    | ME<br>NY<br>VT       | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | MS<br>OR<br>WY       | MO<br>PA<br>PR       |
| Ful  | l Name (i   | Last name  | first, if ind        | ividual)             |                      |   |                      | <u></u>              | <del></del>          |                      | <del></del> -        |                      |                      |
| Bus  | siness or   | Residence  | Address (1           | Number an            | d Street, C          | ity, State, 2                           | Zip Code)            |                      |                      |                      | <u> </u>             | <del></del>          |                      |
| Nai  | me of Ass   | sociated B   | roker or De          | aler                 |                      |   | <del> ,</del>        |                      |                      |                      |                      |                      |                      |
| Sta  | tes in Wh   | ich Persor   | Listed Has           | s Solicited          | or Intends           | to Solicit I                            | Purchasers           |                      |                      |                      | , ne                 |                      |                      |
|  | (Check  | "All State:  | s" or check          | individual           | States)              | *************************************** |                      |                      |                      |                      |                      | All States           |                      |
|  | AL<br>IL<br>MT<br>RI  | AK<br>IN<br>NE<br>SC                                       | AZ<br>IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT                    | CT<br>ME<br>NY<br>VT | MD<br>NC<br>VA       | MA<br>ND<br>WA       | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | MS<br>OR<br>WY       | MO<br>PA<br>PR       |
| Ful  | l Name (  | Last name  | first, if ind        | ividual)             |                      |   |                      |                      |                      |                      |                      |                      |                      |
| Business or Residence Address (Number and Street, City, State, Zip Code) |   |  |                      |                      |                      |   |                      |                      |                      |                      |                      |                      |                      |
| Name of Associated Broker or Dealer                                      |   |  |                      |                      |                      |   |                      |                      |                      |                      |                      |                      |                      |
| Sta  | tes in Wh   | ich Persor   | Listed Ha            | s Solicited          | or Intends           | to Solicit                              | Purchasers           |                      |                      | <del></del>          |                      |                      | · · ·                |
| (Check "All States" or check individual States)                          |   |  |                      |                      |                      |   |                      |                      |                      |                      |                      |                      |                      |
|  | AL<br>IL<br>MT<br>RI  | AK<br>IN<br>NE<br>SC                                       | AZ<br>IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT                    | CT<br>ME<br>NY<br>VT | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY | ID<br>MO<br>PA<br>PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |                             |  |
|----|---|-----------------------------|--|
|    | Type of Security  | Aggregate<br>Offering Price | Amount Already<br>Sold                     |
|    | Debt  | \$ 12,000,000.00            | \$ 10,870,490.71                           |
|    | Equity  |                             | \$   |
|    | ☐ Common ☑ Preferred  |                             | 0.00                                       |
|    | Convertible Securities (including warrants)   | \$_0.00                     | \$   |
|    | Partnership Interests   |                             | \$_0.00                                    |
|    | Other (Specify)   | \$_0.00                     | \$_0.00                                    |
|    | Total   | \$_12,000,000.00            | \$_10,870,490.71                           |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |                             |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            | ;                           | Aggregate<br>Dollar Amount<br>of Purchases |
|    | Accredited Investors  |                             | s 10,870,490.7                             |
|    | Non-accredited Investors  |                             | <u>s</u> ,                                 |
|    | Total (for filings under Rule 504 only)   |                             | \$<br>\$                                   |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |                             | 3  |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  |                             |  |
|    | Type of Offering  | Type of<br>Security         | Dollar Amount<br>Sold                      |
|    | Rule 505  | •                           | \$   |
|    | Regulation A  |                             | \$   |
|    | Rule 504  |                             | \$   |
|    | Total   |                             | \$ 0.00                                    |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | <b>:</b>                    |  |
|    | Transfer Agent's Fees   |                             | <b>s</b>                                   |
|    | Printing and Engraving Costs  |                             | \$   |
|    | Legal Fees  |                             | \$ 65,000.00                               |
|    | Accounting Fees   | <del></del>                 | \$   |
|    | Engineering Fees  |                             | s  |
|    | Sales Commissions (specify finders' fees separately)  | _                           | \$   |
|    | Other Expenses (identify)   |                             | \$   |
|    | Total   |                             | s 65,000.00                                |

|         | C. OFFERING PRICE, NUME   | BER OF INVESTORS, EXPENSES AND USE OF                   | PROCEEDS   |                            |  |
|---------|---|---|--|----------------------------|--|
|         | b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — of proceeds to the issuer."   | Question 4.a. This difference is the "adjusted gross    | S  | s11,935,000.00             |  |
| 5.      | Indicate below the amount of the adjusted gross pro<br>each of the purposes shown. If the amount for any<br>check the box to the left of the estimate. The total of<br>proceeds to the issuer set forth in response to Part | 1   |  |                            |  |
|         |   |   | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others      |  |
|         | Salaries and fees   |   | <u></u> \$   |                            |  |
|         | Purchase of real estate   |   | \$   | _ 🗆 \$                     |  |
|         | Purchase, rental or leasing and installation of macand equipment  |   | <u> </u>   |                            |  |
|         | Construction or leasing of plant buildings and faci   | ilities   | <u></u> \$   | _ 🗆 \$                     |  |
|         | Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)   | ets or securities of another                            | <b>\$</b>  | _ 🗆 \$                     |  |
|         | Repayment of indebtedness   |   | <b>S</b>   | \$                         |  |
|         | Working capital   |   | <b>\$</b>  | _ <b>/</b> \$11,935,000.00 |  |
|         | Other (specify):  |   |  |                            |  |
|         | AND   |   | . 🗆 \$   | _ 🗆 \$                     |  |
|         | Column Totals   |   | \$ <u></u>   | 11,935,000.00              |  |
|         | Total Payments Listed (column totals added)   |   |  | <u>\$ 11,935,000.00</u>    |  |
| Г       |   | D. FEDERAL SIGNATURE                                    |  |                            |  |
| sig     | e issuer has duly caused this notice to be signed by the<br>nature constitutes an undertaking by the issuer to fur<br>information furnished by the issuer to any non-acco   | nish to the U.S. Securities and Exchange Comm           | ission, upon writt                                     |                            |  |
| <br>Iss | uer (Print or Type)   | Signature   | Date 01  | 1.5                        |  |
|         | arrone Organics Innovations, Inc.   | ( Autom   | 4/10   | 108                        |  |
|         | me of Signer (Print or Type)<br>e Morris  | Title of Signer (Print or Type) Chief Financial Officer |  |                            |  |
| , 01    | J 17701110  | Total Financial Onicol                                  |  |                            |  |

- ATTENTION -